

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5	/					
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16		/				
17	/					
18	/					
19	/					
20	/					
21		1				
22		1				
23		2				
24		2				
25		2				
26		2				
27		2				
28		2				
29		2				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		2				
39		2				
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41						
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46						
47						
48						
49						
50						
TOTAL IND.	11					
TOTAL DEP.	37					
TOTAL CLAIMS	48					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMDMENTS